

NTDF Applicant Workshop 2015



## **PURPOSE**

The purpose of NTDF is to promote Kansas City's neighborhoods through cultural, social, ethnic, historic, educational and recreational activities, while promoting our city as a premier convention, visitor and tourist center.



## **ELIGIBILITY**

### Organizations may apply for funding if they meet the following criteria:

- Not-for-profit organization incorporated in the State of Missouri
- Maintain a registered office within the city limits of Kansas City, MO
- Adhere to the ineligible and eligible expenses per section 2-939(b)
- Meets the City's contracting requirements (i.e. insurance, revenue clearance)



## **ELIGIBLE PROJECTS**

Eligible projects must be open to the general public and attract persons who would not otherwise plan to be in Kansas City, as well as interest those who are visiting for other purposes.

- The activity may be a one-time event, a series of events, or an annual event.
- Project must be within city limits
- Supplemental funding of NTDF support is preferred.



## **EXAMPLES OF ELIGIBLE PROJECTS**

- Music event
- Art festivals
- Neighborhood festivals
- Exhibits
- Homes tours

- Movies in the Park
- Rodeo
- Bike race/tour
- Tournaments
- Parades



## **INELIGIBLE PROJECTS**

- Ongoing daily operational activities of neighborhood/organization
- Events for groups that reflect or enhance political parties
- Events for candidates and office holders
- Projects that request funds to be used to supplement publicly supported operating costs
- Events not open to the public
- Events that do not clearly appeal to local residents,
- tourists or visitors



Check one

# ELIGIBILITY APPLICATION

#### Neighborhood Tourist Development Fund Eligibility application

<ul> <li>New agency (if you have not previously applied to the Neighborhood Tourist Development Fund)</li> <li>Inactive agency (if you have received money from the Neighborhood Tourist Development Fund)</li> </ul>
Section A — Organization information
A.1. Project director:
Name and title of person responsible for completion of the project. This will be the official contact for all correspondence.
A.2. Organization name
Official name of participating organization as stated on certificate of incorporation
A.3. Address where the organization is officially located
Street address
City, state and zip
Phone
Fax
Email address
A.4. County
County where the organization is officially located
A.5. FEIN
Federal employee identification number
A.6. Bank name
Name of bank where Neighborhood Tourist Development Fund money would be deposited
A.7. Bank account number
Bank account number for A.6.

# ELIGIBILITY APPLICATION

#### Neighborhood Tourist Development Fund Eligibility application

The following items actions are required prior to submitting the eligibility application
B.1. Certificate of corporate good standing issued within the past 12 months
Please attach your document (maximum filesize is 50MB)
B.1. Choose File No file chosen upload file
B.2. Revenue clearance letter
B.2. Choose File No file chosen upload file
B.3.
B.3. Organization's goal/mission statement
Please attach your document. Maximum filesize is 50MB.
B.3. Choose File No file chosen upload file
B.4. Names, addresses and phone numbers of board members
Please attach your document. Maximum filesize is 50MB.
B.5. Choose File No file chosen upload file
B.6. Voided check from bank account into which Neighborhood Tourist Development Fund money would be
Please attach your document. Maximum filesize is 50MB.
B.6. Choose File No file chosen upload file
B.7. Audited financial statements for the past two years
Please attach your document. Maximum filesize is 50MB.
B.7. Choose File No file chosen upload file

## APPLICATION DEADLINES

Two (2) applications are required for funding requests:

### 1. Eligibility Application (STEP 1)

The Eligibility Application should be submitted no later than **two (2) weeks** prior to the Funding Application deadline and approved prior to submitting the Funding Application. DEADLINE: JULY 18; 5:00 PM

### 2. Funding application (STEP 2)

Funding applications will not be reviewed without prior written approval of eligibility. Due to the time required for the review and approval process, funding applications must be submitted at least sixty (60) days before the first date the proposed event. DEADLINE: AUGUST 1; 5:00 PM



City of Kansas City, MO.
Neighborhood Tourist Development Fund
City Hall - Fourth Floor
414 E. 12th Street
Kansas City, MO. 64106
816-513-3237(p), 816-513-3201(f)

Start a New Application

OR

Returning to complete an application I already started

Application ID:

Get My Application



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816-513-3237(p), 816-513-3201(f)

Important: Online NTDF applications must be submitted before 5 p.m. on the date the application is due. Fields with an asterisk(\*) next to them are required. Incomplete applications will not be accepted.

#### **Organization Information**

Can't remember your Organization ID, plea	
Organization ID:	Get My Organization Information
*Organization Name:	
*Office Address: (No P.O. Box)	*City: Kansas City State: MO ▼ *Zipcode:
*Office Phone:	Office Fax: *Office Email:
*Nbr paid employees:	Federal Employer Identification Number:
*Contact Person:	
*Contact Phone:	Contact Fax: *Contact Email:
*Is the Contact and Executive Administrator	nformation the same?
	e, address and phone number of all officers and board members. Attachment must be pdf, doc(x) or xls(x) and cannot
Choose File No file chosen	Ipload the attachment once you've selected it before continuing.  Upload
Onoose File Two file Groseff	Оргова
	Save/Continue



Funding Application Page 1 of 6

City of Kansas City, MO.
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Kansas City, MO. 64106
816-513-3237(p), 816-513-3201(f)

City of KCMO

Important: Online NTDF applications must be submitted before 5 p.m. on the date the application is due. Fields with an asterisk(\*) next to them are required. Incomplete applications will not be accepted.

Current Fiscal Year: 5/1/20	15	to <b>4/30/2016</b>					
*Application Cycle Due Date Annual (May 1 - April 30): C Oct 15 O Jan 15 April	Oct 15   Quar		lug 1, Oct 15				
*Amount Requested (must	be numeric \	with no dollar sign or	commas):				
*Have you attended NTDF t	training in th	ne past year? O Yes	○ No				
Event Information							
*Event Name:				*Event Type:	•	]	
*Event Start Date:		,	Event End Dat	te			
*Event Location:							
*Council District(s):	1 2 D	3  4  5  6  A	l Council Distr	ricts			
*Event Description: (please	explain what	t will occur during the	event)				
							/
*Event Purpose:	Cultural (	Social Ethnic	Historic 🗖 Edu	ucational 🗆 Red	creational		~/
*Is the event free and open	to the publi	c? Yes No					

Funding Application Page 2 of 6

Eligibility	
	are included in your organization's mission?
Neighborhood De	
Community Devel	
☐ Tourism Promotic	n
Please explain how yo	ur organization's mission includes the selected goals.
Planning and Tir	netable
_	and organizing procedures that will take place prior to your event and the timeline for their completion.
	<i>"</i>
Promotion	
low will the event be	promoted?
□ Newspaper □ M	ailers
Radio Ad Sc	cial Media Email Blasts
☐ Magazine ☐ Fly	vers Web Blogs
□ TV □ Br	ochures Other
f Other was selected,	please expain:
Will the promotional o	
Local C Regional	⇒ National
Who is your target a	ıdience?
How boys you soord	ingted your great with the convention and tourism industry? If you haven't have do you plan to?
now have you coord	nated your event with the convention and tourism industry? If you haven't, how do you plan to?

Neighborhood	
*In what neighborhood is the event to occur? (Please provide the organizational name and boundaries)	
*Use the projection of a single polynomial and a single polynomial of the count?	
*Has the registered neighborhood group been informed of the event?  O Yes O No	
*Does the registered neighborhood group support the event?  Yes No	
*Will the neighborhood organization have a role in organizing or hosting the event? If so, please describe this role.	
	/
*How will the event promote the registered neighborhood group?	
*What short-term benefits might the neighborhood see from the event?	
	/
*What long-term benefits might the neighborhood see from the event?	
	/,
*How might other areas/neighborhoods benefit from the event?	



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sockhop 7/31/2015 City of KCMO

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Funding Application Page 4 of 6

Tourist Appeal	
*How will this event attract Kansas City residents from other neighborhoods?	
	//
*How will this event attract non-residents of Kansas City who are visiting for another reason and hear about the event?	
	//
*How will this event attract non-residents of Kansas City solely in and of itself?	
Thow will this event deduct non-residents of ranges city solely in this of resem.	
*Please estimate the number of tourists to be attracted by this event and explain how it was calculated.	
	/

Save/Continue

Save/Complete Later

**Funding Application Page 5 of 6** 

#### **History of Event**

Use the green plus sign (+) to list **event history for the last three years**. A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.

#### **Event Budget**

#### Revenue

Use the green plus sign (+) to list earned income from the event (ticket sales, merchandise, etc.). A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.
Use the green plus sign (+) to list <b>event funding sources</b> . A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.
Grand Total (earned income revenue + funding):
Eligible Expenses  Jse the green plus sign (+) to list eligible event expenses. A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.
Total Eligible Expenses  NTDF: Total:
Net revenue: Net revenue from previous event:
How will net revenue be used?  General Operations
☐ Funding of future event
Donated to beneficiary organization
Other
f Donated to beneficiary organization was selected, please list the organization(s):
f Other was selected, please explain:

Save/Complete Later

Save/Continue

Organization Revenue and Expenses (last year) Use the green plus sign (+) to list last years <u>revenues</u> for your organization, not this specific event. A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.
Use the green plus sign (+) to list last years expenses for your organization, not this specific event. A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.  Grand Total (Revenues - Expenditures):
Organization Revenue and Expenses (two years ago) Use the green plus sign (+) to list two years ago revenues for your organization, not this specific event. A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.
Use the green plus sign (+) to list <b>two years ago</b> expenses for your organization, not this specific event. A pop-up box will allow you to enter the information and when saved will be displayed below. Add as many items as necessary.
Grand Total (Revenues - Expenditures):
If a City of Kansas City, MO contract is a source of revenue, please provide the number:
Supporting Documents  Please include up to three attachments, including a letter of support from the registered neighborhood group or notification to the registered neighborhood group. Attachments must be pdf, doc(x) or xls(x) and cannot be more than 4 MB in size. Make sure you Upload each attachment once you've selected it before continuing.  Letter of Support or Notification: Choose File No file chosen  Other Attachment: Choose File No file chosen  Upload  Other Attachment: Choose File No file chosen  Upload
Agreements The undersigned applicant agrees
<ul> <li>Funds will be used for the purpose and intent herein stated.</li> <li>The organization will adhere to the regulations defined in the City's administrative regulations and the Neighborhood Tourist Development Fund committee ordinance (Sections 2-931 through 2-938).</li> <li>All documents required to determine applicant eligibility have been submitted.</li> <li>All information presented in this application and supporting documentation is true and accurate.</li> </ul>
*Applicant's Name:

## **ELIGIBLE EXPENSES**

The following expenses are eligible for reimbursement under the NTDF's City ordinance:

- Applicant Postage
- Entertainment
- Printing
- Permits and licenses
- Security
- Trophies and awards
- Equipment and facility rental
- Advertising/publicity promotional material
- Office supplies
- Long distance calls
- Costume and exhibit rental
- Insurance
- Catering
- Certified public accountant audit (over \$20k)



## NON-ELIGIBLE EXPENSES

# These expenses are not eligible for reimbursement under the NTDF's City ordinance:

Utility installation or service

Equipment

Cash awards

Office space rental

Gasoline

Salaries and stipends

Travel

Consultants

**Planners** 

Alcohol

Goods/Services where an "arm's length relationship" between the contractor and vendor does not exist



## SELECTION PROCESS

- Applicant submits an Eligibility and Funding Application by the deadline
- Applicant provides a brief presentation to the NTDF Committee
- NTDF Committee deliberates and recommends awards to City Council
- City Council takes action on NTDF Committee recommendations
- Awarded Contract executed



## **CONTRACT PROCESS**

The program <u>reporting forms</u> are submitted after the event is held, as they are part of the final reimbursement process.

Payments will be issued in through a reimbursement process.

Awarded agencies are required to provide a report within 90 days to the NTDF office. The report includes the following:

- Reimbursement Request form (invoices, receipts, cancelled checks, bank statements)
- Budget Modification Request form
- Attachment II, Form I
- Attachment II, Form II
- 90-day program report event assessment



# ATTACHMENT II FORM - I NEIGHBORHOOD TOURIST DEVELOPMENT FUND FINANCIAL REPORT

For the period:	To:			
Treasurer: Telephone Number				
Telephone Number	Fax Number			
REVENUES				
Description	NTDF	Other	Total	
1.	\$	\$	\$	
2.				
3. 4. 5.				
4.				
5.				
6.				
TOTAL REVENUES	\$	\$	\$	-
EXPENDITURES				
Category	NTDF	Other	Total	
1.	Φ.	\$	\$	•
2	·	*		•
2				
4.				•
5.				•
6.				•
7.				
8.				•
9.				•
10.				•
TOTAL EXPENDITURE	Φ.	•	Φ.	
TOTAL EXPENDITURES	\$	\$	\$	
REVENUES OVER/UNDER	Φ.	en en	Φ.	
EXPENDITURES	\$	\$	\$	-
A. If balance is positive, please describe u	se of income:			
Use for sponsoring organization's gene				
Use for funding of future similar event.	•			
Donate to beneficiary organization. Na	me:			
Other - Attach detailed explanation				
R If balance is negative attach detailed ex	columnation of plans to resolv	e outstanding inde	htedness	

#### ATTACHMENT II FORM - II

We have compiled the accompanying statement of revenues and expenses of the
(event) as of, in accordance with standards established by (date) the American Institute of Public Accountants.
A compilation is limited to presenting, in the form of financial statements, information that is the representation
of management. We have not audited the accompanying financial statements and accordingly do not express an opinion on them.
Based on my review, I am not aware of any material modifications that should be made to the accompanying statement of revenues and expenses - cash basis, in order for it to be in conformity with the cash basis of accounting.
This report is intended solely for the information and use of the board of directors and management of the
(Organization)
and the Neighborhood and Community Services Department of the City of Kansas City, Missouri. This restriction is not intended to limit the distribution of this report, which is a matter of public record.
Sincerely,

#### 90-Day Program Report Name of Event **Location of Event**

#### **Final Narrative Report**

This narrative report must include activities and accomplishments compared to program goals. Explain any problems the

agency had and describe any changes that would need to be made. The report should also include information about eve planning, event participation and discuss the positives and negatives encountered by the agency. The report should assess t impact of the event or project.
<u>Outline</u>
Estimated Attendance:
Weather: (if outdoor event) what was the weather like?
Activities: What types of activities were used ie. Pony rides, artists, face painting
ACTIVITIES. What types of activities were used it. Fony fixes, artists, face painting
Advertising: How was the advertising done?
Community Support: How did the community help?
Overview:



City of Kansas City, Missouri, Neighborhood & Community Services Department REIMBURSEMENT REQUEST FORM

Cor	tract Number	Contractor Name	
Budget Line Item Category		Reimbursement Amount Requested	City Staff Reimbursement Amount Approved
A.	Postage	Requesteu	Арргочец
B.	Entertainment		
C.	Printing		
D.	Permits		
E.	Security		
F.	Trophies/Awards		
G.	Equipment Rental		
H.	Facility Rental		
I.	Advertising		
J.	Office Supplies		
K.	Long Distance Calls		
L.	Costume Rental		
M.	Catering		
N.	Insurance		
O.	Promotional Material		
P.	Exhibit Rental		
Q.,	Minor Equipment		
R.	Publicity		
APPROVED REIMBURSEMENT TOTAL			
I ce	rtify these costs to be both co	rrect and applicable to the above	contract.
Certified by Project Director / Manager			Date
Prepared by Accountant / Bookkeeper			Date
	ment broved by Contract Administration Man	nager, Neighborhood & Community Services Departn	_ Date

90-day report forms.doc 2/99 Department

Kansas City Contract Guidebook Neighborhood & Community Services



If your agency is requesting to be reimbursed for budget line items A through R in which dollar amounts do not appear on the budget that is part of your contract, indicate below the category and amount of the request, complete, sign, and date the Budget Modification Request Statement.

This modification form must be completed, signed by an authorized agency officer, and submitted along with the reimbursement request documentation materials.

#### **Budget Line Item Category Modification Request**

Age	City Staff			
Budget Line Item Category	Reimbursement Amount	Reimbursement Amount		
Dauget Eme Hem Caregory		•		
	Requested	Approved		
		_		
Dudget Medification Degreet Statement				

#### 

Denise Dillard, NTDF Program Manager

<u>Denise.Dillard@kcmo.org</u>

816-513-3451

Office of Culture and Creative Services
City Manager's Office
414 East 12th Street, Suite 2404
816-513-3471 fax

